



Certified Peer Counselor Training Application

Instructions

Please type or print clearly. All sections of the form must be completed for the application to be accepted.

These instructions explain how to complete the application for the state Certified Peer Counseling training. The application measures readiness and skills to be effective as a Certified Peer Counselor.

Program Requirements: According to State rules in Washington Administrative Code (WAC) 388-865-0107, the requirements for certification are: to be a self-identified consumer of mental health services, complete the state training, and successfully pass the state test. In addition, a person must possess leadership, reading comprehension and writing skills. The application is designed to demonstrate whether or not people meet these criteria, so PLEASE CHECK your sentences, spelling, and punctuation! The application may be typed or handwritten. The application must be completed by the applicant without assistance (see accommodations).

General Instructions

Email Release: The application includes permission to include your email on distribution lists specific to peer counseling or employment. If you do not want your email address to be on these lists, there is a box on the last page to choose to opt out of the distribution lists.

Definition of Consumer: You are NOT eligible for the training unless you meet the definition of a mental health consumer. This definition is found on the application. Applications should reflect significant lived experience in mental health. Certified peer counselors are effective because they share lived experiences with others. If you do not have this background, please do not apply for the training. Individuals with co-occurring mental health and chemical dependency history are eligible for the training. At this time, individuals with lived experience solely in chemical dependency, or non-guardian relatives are not eligible for the training.

Education: A high school diploma or GED is generally required for the training. If you do not have a diploma or GED, you may ask for an "Education Waiver Request Letter." You will still need to show you have the reading comprehension and writing skills necessary for Certified Peer Counselors, but individual circumstances will be considered. Please list any additional degrees you have as well.

Primary Language: Please list all languages in which you are fluent in speaking, reading, or writing.

Ethnicity: The Division of Behavioral Health and Recovery promotes diversity in training Certified Peer Counselors. Answering this question helps us understand future needs.

Employment: This training is designed to prepare peers for employment. Preference is given to (1) applicants already working as a peer counselor at a behavioral health agency or who have a job offer and are waiting for the training. After that, priority generally goes to: (2) applicants working in other positions as a peer counselor or who are U.S. veterans, (3) applicants working at a behavioral health agency in any position, (4) applicants working or volunteering in other behavioral health settings, and (5) applicants with other employment or volunteer experience.

NOTE ABOUT PRIORITIZATION: All applications are scored and prioritized by employment and application scores. In addition, non-DBHR trainers may have regional priorities, such as youth applicants. Because of the high interest in the trainings, there are often long waits for training if your application has a lower priority rank. Please contact us if your employment or volunteer experience changes and may increase your qualifications for the training. If you have not been invited to training within six months, you may call and request information about your priority status. Please update us as well if your address, phone number and / or email address changes.

Scored Questions

Current Duties

Applicants receive a higher score when they describe more work or volunteer experience.

Employment Goals

Applicants receive a higher score when they are planning to work at a behavioral health agency. Individuals interested in working in the field of peer counseling have priority over those interested in the training for personal growth.

Complete the Application by Yourself

It is not allowed to have anyone help you fill out the application or edit your writing, including counselors. If you need a specific reasonable accommodation for a verified disability, or have questions about assistance, please call DBHR at 360-725-1883 and we will make individual arrangements with you.

Interests in Certified Peer Counseling

Applicants who show a genuine desire to assist others are rated highly, as are those who are interested in working in the field.

Recovery

No one but you can say whether or not you are recovery. This is a question you should ask yourself carefully. Being a Certified Peer Counselor means being able to help others and being able to work consistently. Applicants will also be scored on understanding concepts of recovery and their application. Please include skills and attitudes you have learned that help you maintain recovery. (Parents: This response may include your skills in promoting recovery and resilience with your child and what you have learned that allows others to learn from you.) A high score in this area would indicate a person is in recovery, understands several principles of recovery, and has learned skills to maintain recovery.

Leadership

Leadership can take many forms. A few individuals may have formal leadership experience from participation on local committees, boards, or organizations. Other leadership activities may include facilitating or teaching groups and classes. If you feel participating in classes or groups has helped you develop leadership skills, please write about that. You may also find that your leadership skills have been developed in other ways.

Personal Story

Please DO NOT share your story in this application! This means not sharing hospitalization, medication or counseling information. Your story means you or your family's individual experiences in your mental health journey. Instead, this answer should describe how comfortable you are in **sharing** your story, what kind of experience you have doing so, and how long you have been sharing your story. If you are just learning to be comfortable with disclosing, write about that. Applicants who are comfortable talking about their recovery and with longer experience will score highly.

Thank you for applying for the Certified Peer Counselor training and best wishes on your journey!

Application for Peer Counselor Training

PO BOX 45330
OLYMPIA WA 98504-5330

TO BE COMPLETED BY PROGRAM STAFF

Date application reviewed: _____

Referred to supervisor? ☐ Yes ☐ No

☐ Approved ☐ Denied

Please type or print clearly. All sections must be completed for the application to be accepted.

The information you provide in this application will be shared with the Division of Behavioral Health and Recovery's designated contractor for training and with Regional Support Networks (RSNs) and their contractors for training. Unless otherwise indicated, upon certification your name will be included in DBHR and local RSN email distribution lists for current job opportunities and other information specific to peer counseling.

Demographic Information

| | | | |
|-----------------------|-------|----------------|---------------|
| APPLICANT'S LAST NAME | FIRST | MIDDLE INITIAL | DATE OF BIRTH |
| MAILING ADDRESS | CITY | STATE | ZIP CODE |
| | | | COUNTY |

| | | |
|---------------------------------|--------------------------|---------------|
| DAYTIME TELEPHONE NUMBER () | CELL PHONE NUMBER () | EMAIL ADDRESS |
|---------------------------------|--------------------------|---------------|

| | |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| EDUCATION High school diploma or GED: <input type="checkbox"/> Yes <input type="checkbox"/> No Additional education: | OVER 18 <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|

| | | |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| LANGUAGES FLUENCY IN OTHER THAN ENGLISH | ETHNICITY (OPTIONAL) <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Other: | U.S. VETERAN <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|

TRAINING PREFERENCE
☐ Standard ☐ Family / Youth ☐ Spanish ☐ Youth
 If my preference is for the Family / Youth training or the Spanish training, I am also interested in attending available standard trainings: ☐ Yes ☐ No
☐ (Optional) I am particularly interested in providing peer support for:
☐ Youth ☐ Older Adults ☐ Co-Occurring

Washington Administrative Code (WAC) 388-866-0150

To qualify for this training, you must meet the Washington State definition of a consumer. I agree I meet the definition of "consumer" as:

- ☐ A person who has applied for, is eligible for, or who has received mental health services.
☐ For a child, under the age of thirteen, or for a child age thirteen or older whose parents or legal guardians are involved in the treatment plan, the definition of consumer includes parents or legal guardians.
☐ I meet the definition of consumer both as a service recipient and as a parent or guardian.

Employment

| | | |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| I AM CURRENTLY EMPLOYED <input type="checkbox"/> Yes <input type="checkbox"/> No | I CURRENTLY VOLUNTEER <input type="checkbox"/> Yes <input type="checkbox"/> No | I CURRENTLY PROVIDE PEER SUPPORT <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|

PLEASE CHECK ALL THAT **CURRENTLY** APPLY IN YOUR VOLUNTEER OR WORK ACTIVITIES:

- ☐ I have a job offer or am currently employed as a peer counselor at a behavioral health agency.
☐ I have employment or a volunteer position as a peer counselor in a different setting or ☐ I am a U.S. veteran.
☐ I have other employment or a volunteer position at a behavioral health agency.
☐ I have employment or a volunteer position in another behavioral health setting.
☐ I have other employment or volunteer experience.

| | | |
|-------------------------------------------------|----------------|----------------------|
| AGENCY OR PLACE OF EMPLOYMENT OR VOLUNTEER WORK | POSITION TITLE | CONTACT PHONE NUMBER |
|-------------------------------------------------|----------------|----------------------|

Equal Opportunity Statement

The Division of Behavioral Health and Recovery provides equal opportunity for all applicants regardless of race, color, creed, religion, national origin, sexual orientation, veteran status, gender, disability status or age.

The following questions are SCORED by DBHR. Please answer each question carefully, using good writing skills and detailed answers.

1. Briefly describe your current job duties or your activities as an employee or volunteer. Include your weekly hours and length of time in this position.

2. This training is intended to prepare you to work in a behavioral health agency. What are your employment goals?

Additional Questions for Peer Counselor Training

Successful applicants will demonstrate that they:

- Are well grounded in their own **mental health** recovery for at least one year;
- Have qualities of leadership, including governance, advocacy, creation, implementation or facilitation of peer-to-peer groups or activities.

Please answer the following questions to demonstrate that you meet the above requirements for successful applicants. Your answers may be typed or handwritten. Attach a separate sheet of paper if additional space is needed.

3. Why are you interested in becoming a Certified Peer Counselor?

4. Applicants must be well grounded in their own **mental health** recovery for at least one year. This question is individual to each person and should indicate an understanding of the principles of recovery. Have you or your family been in **mental health** recovery for at least one year? Describe how you know you are in recovery and how you stay in recovery.

5. Applicants must demonstrate qualities of **leadership**. Examples may include involvement with advocacy, or facilitating peer-to-peer groups or activities. Describe how you have demonstrated qualities of leadership such as those described above.

6. Without sharing the details of your recovery story, explain **how** you have shared your personal mental health story to **assist others**. (Employed peer counselors are expected to share their recovery stories with peers.)

Please Read – Signature Required

- **I have completed this application myself with no assistance and understand that this is a test of my reading comprehension and writing skills.**
- I understand that training slots are limited and therefore submission of this application does not guarantee admission.
- I understand that after completing the required 40-hours of classroom training I must successfully pass an oral and a written exam prior to certification by the Division of Behavioral Health and Recovery.
- I understand that certification as a peer counselor does not guarantee employment.
- I understand that in most cases, in order to be employed I must meet Department of Health requirements and obtain an Agency Affiliated Counselor license.
- I understand that a criminal justice background may in some cases prevent licensure or employment with a DSHS licensed agency.
- **I understand that it is my responsibility to update my application after a year. Out of date applications will not be kept more than a year.**

SIGNATURE

DATE

☐ Please do not include my email on lists related to peer counseling and employment.

Additional information about Peer Support can be found at <http://www.dshs.wa.gov/mentalhealth/peer.shtml>

Return your completed application to:

DSHS / DIVISION OF BEHAVIORAL HEALTH AND RECOVERY
ATTENTION: BONNIE STAPLES, PROGRAM ADMINISTRATOR
PO BOX 45330
OLYMPIA WA 98504-5330
Phone 360-725-1883 or 1-888-713-6010 Fax 360-725-2280